



Attestation Checklist

Meaningful Use Documentation

Maryland Medicaid must review Meaningful Use (MU) supporting documentation before approving Electronic Health Records (EHR) Incentive Program attestations for Program Years 2 – 6.

Before submitting your attestation, please upload the following documents in the “Upload Document” section in eMIPP:

☐ **Documentation for the Protect Electronic Health Information Objective:**

- Complete security risk assessment (SRA) that includes an asset inventory. For each asset (such as server, computer, etc.) the practice should have identified the type, location, responsible person, and whether it contains Protected Health Information (PHI). The SRA should also outline the procedures performed during the analysis and report the results with an accompanying risk level specified. Any item identified as medium or high risk should have a remediation strategy. The SRA should be dated within the Program Year (January 1st- December 31st). Please see the [SRA Checklist](#) for additional requirements.

☐ **Documentation for the Clinical Decision Support Objective:**

- Screenshots that show FIVE Clinical Decision Support (CDS) interventions related to four or more clinical quality measures at a relevant point in patient care for the MU reporting period selected for attestation (90 days during the Program Year).
- Screenshots that show functionality for drug-drug and drug-allergy interaction checks from your EHR system. All screenshots should be dated during the MU reporting period selected for attestation.

☐ **Documentation for Meaningful Use Objectives and Clinical Quality Measures (CQMs):**

- Reports from the certified EHR system showing the numerator, denominator, and exclusion for each measure, evidence to support that it was generated for the Eligible Professional (EP) and dated during the MU reporting period selected for attestation.
- These reports should align with the MU and CQM reporting periods selected for attestation in eMIPP.

Patient Volume Documentation

Maryland Medicaid also requires EPs upload documentation that supports their Medicaid patient volume to eMIPP in the “Upload Document” section.

Patient encounter documentation should contain the information listed below for **all of your encounters** during the selected reporting period (90 days during the Calendar Year prior to the Program Year):

- Provider name or unique identification number
- Patient name or unique identification number
- Date of service
- Place of service
- Payment status (paid or not paid)
- Payer name (Blue Cross Blue Shield, Medical Assistance, Priority Partners, etc.)
- Payer type (Medicaid, private, Medicare, self-pay, etc.)

NOTE: The patient encounter documentation should preferably be in Excel format.